



**Advanced Composites Division – Marysville, WA**  
**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

**PERSONAL INFORMATION** *Incomplete information could disqualify you from further consideration.*

***A post offer, pre-employment drug and background screen will be conducted as required and paid for by Zodiac Aerospace.***

DATE\_\_\_\_\_ (This application valid 60 days from listed date)

Name\_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY**

Are you eligible to work in the U.S?      Yes      No

**Federal law requires C & D Zodiac to verify the identity and employment eligibility of all new hires through Department of Homeland Security.**

Are you at least 18 years or older?      Yes      No

During the last ten years, have you ever been convicted of a crime?      Yes      No

A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

**If yes**, please provide details (dates and location for all convictions misdemeanor or felony)

\_\_\_\_\_



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**EMPLOYMENT ELIGIBILITY CONTINUED**

Have you ever been terminated from employment or asked to resign by an employer?      Yes      No

**If yes**, please provide company names and details

**AVAILABILITY**

Can you work any shift?      Yes      No

Can you work overtime, including weekends or holidays?      Yes      No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?      Yes      No



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**APPLICATION FOR EMPLOYMENT CONTINUED**

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_

Hourly Rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about us?      Walk In      Advertisement      Referral  
   Other

Have you ever worked for this company before? Yes No  
Explain \_\_\_\_\_

Do you know anyone who works for our company?      Yes      No

If yes, who? Name of employee \_\_\_\_\_

<b>EDUCATION</b>	<b>Name and location of school</b>	<b>No. of yrs. Attended</b>	<b>Degree Received</b>	<b>Subjects studied/Major</b>
High School				
College or University				
Trade, Business or Correspondence School				



## Advanced Composites Division – Marysville, WA

### APPLICATION FOR EMPLOYMENT CONTINUED

**EMPLOYMENT HISTORY** Include your last five (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Name of Employer		Telephone Number (    )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____ _____			
Name of Employer		Telephone Number (    )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____ _____			
Name of Employer		Telephone Number (    )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____ _____			

Use additional paper if necessary and attach to application.



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### **APPLICATION FOR EMPLOYMENT CONTINUED**

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills (please describe):

**REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

#### **Please read carefully before signing.**

Zodiac Aerospace is an equal opportunity employer. Zodiac Aerospace does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, individual's genetic information and tests, military status or unfavorable discharge from military service.

A post offer, pre-employment drug and background screen will be conducted as required and paid for by Zodiac Aerospace.

I authorize past employers and other references listed in application to give any and all information concerning my previous employment history and education background.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Zodiac Aerospace to hire me.



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**APPLICATION FOR EMPLOYMENT CONTINUED**

If I am hired, I understand that either Zodiac Aerospace or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Zodiac Aerospace has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Zodiac Aerospace true and complete information on this application. No requested information has been concealed.

I authorize Zodiac Aerospace to contact references provided for employment reference checks.

If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application valid for 60 days past signature date.



### EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year.

**Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.** When reported, data will not identify any specific individual.

This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**GENDER:** (Please check one of the options below)

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\_\_\_\_\_ I do not wish to Self-Identify

**RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_\_\_ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_\_\_ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_\_\_ **Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.



## EEO-1 Voluntary Self Identification Form Continued

### **RACE/ETHNICITY CONTINUED:**

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

☐ **I do not wish to Self-Identify**





## EEO-1 Voluntary Self Identification Form Continued

\_\_\_\_\_ A Vietnam Era Veteran 1) a person who a) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b) was released from active duty for a service-connected disability, and 2) a person who was discharged/released within 48 months prior to an alleged violation of the act and/or the regulation issued there under on July 26, 1976.

\_\_\_\_\_ Other Protected Veteran 1) Are you a veteran, a person who has served on active duty during a war or in a campaign or expedition for which a campaign ribbon or badge has been authorized?

\_\_\_\_\_ Newly Separated Veteran 1) Are you a newly separated veteran, a person who has served on active duty in the US military, ground, naval or air service during the one-year period beginning on the date of your discharge or release from active duty?

\_\_\_\_\_ I do not wish to Self-Identify

If one or more of the above are checked, what special skills or methods enable you to perform jobs that would otherwise be precluded by your disability? What accommodations on the part of Zodiac Aerospace would enable you to perform the job?

**Date completed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_